



OFFICE USE ONLY

APPROVE Y N

UTE INDIAN TRIBE LIHEAP/LIHWAP APPLICATION

I WILL CONTINUE TO PAY MY UTILITY BILL AFTER SUBMITTING MY LIHEAP/LIHWAP APPLICATION YES
I WILL NOT APPLY WITH ANY OTHER HEAT/WATER PROGRAM WHILE I AM ON THE UTE TRIBE PROGRAM
Yes PLEASE INITIAL (No immediate payment is made due to lengthy process. Please, be responsible and pay your bill each month.)

DATE: _____
 Month Day Year

Have you applied for HEAT/WATER before? Yes No
 If yes, where? Tribe or State/ UBAOG

APPLICANTS NAME: _____
 First M Last

FB# _____

BIRTH DATE: _____ / _____ / _____
 Month Date Year

Male Female

Telephone: (_____) _____
 Area Code Telephone Number

Social Security # _____

MAILING ADDRESS:

RESIDENTIAL ADDRESS

_____ P.O. BOX

_____ Street Apt#

_____ City State Zip

_____ Town State Zip

C I R C L E:

Subsidized/Govt. Assisted Rent	Y	N	Does Rent include utilities?	Y	N	Which Utility?
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_____ American Indian/ Federal Recognized

NUMBER OF ADULTS _____	NUMBER OF CHILDREN _____	TOTAL NUMBER IN HOUSEHOLD _____
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Please turn over and complete ----->

Name of Adults in Household (First) (Last) FB#			Relationship	Birth Date Month/Day/Year	Social Security Number	Sex F M	Income Y N

Number of Children (under 18) (First) (Last) FB#			AGES	BIRTH DATES	SOCIAL SECURITY NUMBER

Household Information		Do you or anyone living in your household receive any of the following income or assistance?					
		Employment (full time/part time)	Y	N	Receive Child Support	Y	N
Children age 5 & younger	Y N	Unemployment Benefits/Workmen's Cp.	Y	N	Receive Alimony	Y	N
Age 60 and older	Y N	Social Security	Y	N	TANF/FEP/AFDC	Y	N
Handicapped/Disabled	Y N	Supplemental Security Income (SSI)	Y	N	Per-capita	Y	N
U.S. Citizens (all?)	Y N	Veterans Benefits	Y	N	Other _____	Y	N
Receiving Food Stamps	Y N	Pension/Annuity/Retirement	Y	N			
*Employment, if yes, how often are you paid? Please circle: Weekly Biweekly Twice a Month Monthly							

DECLARATION: By signing this application, I certify under penalty of perjury that the information I provided on this application is true. I agree to cooperate with the Ute Indian Tribe LIHEAP and federal officials in any review of my application and to provide information necessary to verify any statement herein. I hereby authorize the TRIBAL LIHEAP program officials to make inquiry of persons, companies, financial institutions, and federal agencies to assist in the processing of my application.

I understand that giving false information or failing to notify Ute Tribe LIHEAP when I no longer qualify may cause me to pay the difference between the discounted and regular rate. I will notify the Ute Indian Tribe LIHEAP at (435) 725-4878/722-5141, if my situation changes and I am no longer eligible for HELP and/or UTAP. I must re-apply or recertify annually. Do you wish to enroll or re-apply to remain in Rocky Mountain's HELP discount program that saves you up to \$8.00 per month on your Utah Power bill? Y N

I understand that if I do not provide the necessary information to establish my eligibility within 10 days from this date that my application may be denied. I understand that if Federal HEAT funds are exhausted prior to processing this application, the Ute Indian Tribe is under no obligation to make payment. **REPORT FRAUDULENT ACT; Call the Hotline @ 1-888-289-8442 or (435) 725-4878. PLEASE PROVIDE YOUR WATER BILL ACCOUNT NUMBER BELOW.**

My HEAT payment is to be issued to the following utility (ies) in the percentage listed below (50%, 100% / 25%-75%).

%	Name of Utility Vendor(s)	Utility Account Number(s)	Name on account (if different)
<i>If Second Payment is awarded, which vendor will be paid ></i>			
APPLICANT		I agree not to change the vendor or % to which my HEAT payment may go after this date	
Signature:			Date:

UTE INDIAN TRIBE
LIHEAP/LIHWAP PROGRAM
722-5141 or 725-4878

PLEASE ATTACH DOCUMENTS TO APPLICATION

- **Identification: Tribal I.D. or Driver's License**
- **Copy of Utility Bill (WATER, Electric, Gas, Propane, Name/Address of the Provider & Account Number)**
- **Social Security Card(s) for entire household (for eligibility)**
- **Proof of Income from employment for all Adults Employed in the Household (most recent last two paycheck stubs). Tribal Per Capita is not considered income. LIHEAP does not count SSI, SSA, WIA, Emergency Employment, or Oil & Gas Royalties as income.**
- **Birth Certificate for Children 0 to 5 years old ONLY!**

THE LIHEAP DEPARTMENT NOW HAS FUNDS TO HELP CLIENTS WITH WATER BILLS! PLEASE FILL OUT A LIHEAP/LIHWAP APPLICATION AND PROVIDE YOUR WATER BILL. WATER PROGRAM USES THE STATE MEDIAN INCOME GUIDELINES FOR INCOME ELIGIBILITY. IF YOU HAVE BEEN ACCEPTED ON THE HEAT PROGRAM YOU ARE AUTOMATICALLY ELIGIBLE FOR THE WATER PROGRAM AND YOU WILL ONLY NEED TO BRING IN YOUR WATER BILL.

If you know of any Fraudulent Act, call the Hotline at 1888-289-8442

PLEASE CONTINUE PAYING YOUR UTILITY BILLS AFTER SUBMITTING YOUR APPLICATION INTO THE LIHEAP OFFICE. THANK YOU